MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013426
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

14000
2 226
3
4 0
5 3
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8 1
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1248 - 0
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48

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF | DOCUMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 854

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: JEFFERSON BARRACKS
Length of stay in 1b: 341 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION: VETERANS ADMINISTRATION HOSPITAL
Inside limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1514 DESTERAHN — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CHARLES Middle H. Last COLABIANCHI

4. DATE OF DEATH: Month Day Year: 3-9-62

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 9-1-34

9. AGE (last birthday): 27
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAREHOUSE WORKER

10b. KIND OF BUSINESS OR INDUSTRY: TRACTOR MANUFACTURE

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: CHARLES COLABIANCHI

13b. MOTHER'S MAIDEN NAME: OPAL MC QUAY

14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): 8-9-55 to 6-13-58

16. SOCIAL SECURITY NO.:

17. INFORMANT: MRS. SARAH O. HAHS — Address: Mother 8939a BURTON, OVERLANS, MO.

18. CAUSE OF DEATH (Enter only one cause per line for Parts I and II.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): BRONCHOPNEUMONIA, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH: 5-10 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 49X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal [illegible] GIVEN IN PART I
1) CYSTIC ENCEPHALOMALACIA, RIGHT TEMPORAL LOBE
2) CHRONIC OTITIS MEDIA & OTITIS INTERNA, DUE TO FOREIGN BODY

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-3-61 to 3-9-62 and last saw [illegible] on
Death occurred at 12:20 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W. Brangle ROBERT W. BRANGLE, M.D.

22b. ADDRESS: VA HOSP. JEFF. BRKS. MO.

22c. DATE SIGNED: 3-9-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial

23b. DATE: 3/13/62

23c. NAME OF CEMETERY OR CREMATORY: National Cem.

23d. LOCATION (City, town, or county) (State): Jeff. Bks. Mo

24. FUNERAL DIRECTOR ADDRESS: Edward Fendler 5611 South Grand Blvd.

25. DATE RECD. BY LOCAL REG.: 3-12-62

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.